Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Joshua First name Aesop Middle name Vuylsteke Last name and Suffix (Sr., Jr., II, III)	Aubrey First name Ann Marie Middle name Vuylsteke Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		Aubrey Ann Marie Vuylsteke
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2466	xxx-xx-5062

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	5548 Red Tailed Hawk Dr. Hillsboro, MO 63050	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Jefferson	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	6. Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

Case number (if known)

7.	The chapter of the				f each, see <i>Notice Required by</i>	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy
	Bankruptcy Code you are choosing to file under				page 1 and check the appropriat	
	onecoming to mic amac.	☐ Cha	•			
		☐ Cha	apter 11			
		☐ Cha	apter 12			
		■ Cha	apter 13			
8.	How you will pay the fee	_ _ o	bout how yo	ou may pay. Typic attorney is submi	cally, if you are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with
			need to pa	y the fee in insta		on, sign and attach the Application for Individuals to Pay
			•		(Official Form 103A).	
		b a	ut is not rec pplies to yo	uired to, waive yo ur family size and	our fee, and may do so only if you you are unable to pay the fee in	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out sial Form 103B) and file it with your petition.
9.	Have you filed for bankruptcy within the last 8 years?	■ No.				
			District		When	Case number
			District		When	Case number
			District		When	Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with	■ No				
	you, or by a business partner, or by an affiliate?					
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
11.	Do you rent your residence?	■ No.		ine 12.		
		☐ Yes.	Has yo		ned an eviction judgment agains	t you?
				No. Go to line 12		
				Yes. Fill out <i>Initia</i> this bankruptcy p		Judgment Against You (Form 101A) and file it as part of

	otor 2 Aubrey Ann Marie		ke	Case number (if kr	nown)
Par	Report About Any Bu	sinesses	You Owr	is a Sole Proprietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	art 4.	
		☐ Yes.	Name	and location of business	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	r, Street, City, State & ZIP Code	
	it to this petition.		Chec	the appropriate box to describe your business:	
				Health Care Business (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in 11 U.S.C. § 101(53A))	
				Commodity Broker (as defined in 11 U.S.C. § 101(6))	
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropries deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemed operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process in 11 U.S.C. 1116(1)(B).			
	For a definition of small	■ No.	I am ı	t filing under Chapter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	ng under Chapter 11, but I am NOT a small business debtor accord	ding to the definition in the Bankruptcy
		☐ Yes.	I am f	ng under Chapter 11 and I am a small business debtor according to	o the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	s Property or Any Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to		What is	e hazard?	
	public health or safety? Or do you own any				
	property that needs immediate attention?			ate attention is /hy is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where i	the property?	

Number, Street, City, State & Zip Code

urgent repairs?

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Joshua Aesop Vuylsteke Pg 6 of 54

Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known)

Part	6: Answer These Questi	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,			e defined in 11 U.S.C. § 10	01(8) as "incurred by an	
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily busine money for a business or investme				obtain	
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	nat are not consumer	debts or bus	siness debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and	☐ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will		□ No					
	be available for distribution to unsecured creditors?		Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000		☐ 25,001-50,0 ☐ 50,001-100 ☐ More than1	,000	
19.	How much do you estimate your assets to be worth?	\$ 100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$1 \$10,000,001 - \$ \$50,000,001 - \$ \$100,000,001 -	550 million 5100 million	□ \$10,000,00	,001 - \$10 billion 0,001 - \$50 billion	
20.	How much do you estimate your liabilities to be?	1 \$100,	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$1 \$10,000,001 - \$ \$50,000,001 - \$ \$100,000,001 -	550 million 5100 million	□ \$10,000,00	0,001 - \$10 billion 00,001 - \$50 billion	
Part	:7: Sign Below							
For	you	I have ex	camined this petition, and I declare u	under penalty of perj	ury that the i	information provided is tru	e and correct.	
			chosen to file under Chapter 7, I am tates Code. I understand the relief a					
			rney represents me and I did not pa tt, I have obtained and read the noti				me fill out this	
		I request	relief in accordance with the chapte	er of title 11, United S	States Code,	, specified in this petition.		
		bankrupt and 357						
			nua Aesop Vuylsteke			Ann Marie Vuylsteke	_	
			Aesop Vuylsteke e of Debtor 1		gnature of D	Marie Vuylsteke Debtor 2		
		Executed	December 12, 2018 MM / DD / YYYY	Ex	xecuted on	December 12, 2018		

Debtor 2 Joshua Aesop Vuylsteke
Aubrey Ann Marie Vuylsteke

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Domini	c M. Pontello	Date	December 12, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
Dominic N	I. Pontello 60947MO		
Printed name			
Pontello L	.aw, LLC		
Firm name			
406 Boone	es Lick Rd.		
Saint Cha	rles, MO 63301		
Number, Street,	City, State & ZIP Code		
Contact phone	636-541-7673	Email address	dominic@pontellolaw.com
60947MO			
Bar number & S	tate		

Fill i	n this information to identify your case:		
Debt	or 1 Joshua Aesop Vuylsteke		
	First Name Middle Name Last Name		
Debt	Titue of Tit		
` '			
Unite	d States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI		
Case (if kno	numberwn)		ck if this is an ended filing
Sur Be as	cial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amer original forms, you must fill out a new Summary and check the box at the top of this page.	for supply	
Part	1: Summarize Your Assets		
			assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	149,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,905.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	177,905.00
Part	2: Summarize Your Liabilities		
			liabilities unt you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$	157,962.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	15,765.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	72,265.65
	Your total liabilities	s \$	245,992.65
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,646.38
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,987.61
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of	our other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	or a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check to	nis box and	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,715.70

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	8,081.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	7,684.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	26,231.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	41,996.00

Fill i	n this inforn	nation to identify your case and th	is filing:		
Deb	tor 1	Joshua Aesop Vuylsteke	Name Last Name		
	tor 2	Aubrey Ann Marie Vuylstek	e		
	se, if filing)		Name Last Name		
Unite	ed States Ba	nkruptcy Court for the: EASTERN	DISTRICT OF MISSOURI		
Case	e number _				☐ Check if this is an amended filing
Off	icial Fo	rm 106A/B			
Sc	hedul	e A/B: Property			12/15
hink nforn	it fits best. Be nation. If more er every ques	e as complete and accurate as possible space is needed, attach a separate sition.	an asset only once. If an asset fits in more than one e. If two married people are filing together, both are neet to this form. On the top of any additional pages, her Real Estate You Own or Have an Interest In	equally responsible fo	or supplying correct
	No. Go to Pari		ny residence, building, land, or similar property?		
1.1			What is the property? Check all that apply		
		Tailed Hawk Dr. if available, or other description	Single-family homeDuplex or multi-unit buildingCondominium or cooperative	the amount of any see	d claims or exemptions. Put cured claims on <i>Schedule D:</i> <i>Claims Secured by Property.</i>
			☐ Manufactured or mobile home	Current value of the	Current value of the
	Hillsboro City	MO 63050-0000 State ZIP Code	☐ Land ☐ Investment property	entire property? \$149,000.0	portion you own? 0 \$149,000.00
	City	State Zii Gode	☐ Timeshare ☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only	Describe the nature	of your ownership interest tenancy by the entireties, or
	Jefferson		Debtor 2 only	-	
	County		■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this item property identification number:	(see instructions)	community property
	oages you h		r all of your entries from Part 1, including any number here		\$149,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debt		ubrey Ann M	larie Vuylsteke		Case number (if known)	
3. C a	, ,	trucks, tractor	rs, sport utility ve	hicles, motorcycles		
	Yes					
3.1	Make:	Chevy Colorado		Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on Schedule D:
	Model: Year:	2015 ate mileage:	72000	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of entire property?	the Current value of the portion you own?
	Other info			☐ At least one of the debtors and another	entire property:	portion you own:
		on: 5548 Red Isboro MO 6	Tailed Hawk 3050	☐ Check if this is community property (see instructions)	\$17,850 ————————————————————————————————————	9.00 \$17,850.00
3.2	Make:	Mazda CX7		Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any	ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.
	Year:	2012 nate mileage:	70000	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of entire property?	
	Other info		Tailed Hawk	☐ At least one of the debtors and another		
	Dr., Hill	lsboro MO 6	3050	☐ Check if this is community property (see instructions)	\$6,300	9.00 \$6,300.00
				n for all of your entries from Part 2, includinç hat number here		\$24,150.00
Dart 1	Doscrib	oo Vour Borcona	al and Household Ite	nme.		
				erest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	kamples: Ñ No		rnishings es, furniture, linens,	china, kitchenware		·
	Yes. Des			,		
		scribe				
		Ī		ld goods and furnishings Red Tailed Hawk Dr., Hillsboro MO 6305	60	\$1,650.0
E		Felevisions and	Location: 5548 I	ld goods and furnishings	<u> </u>	`
E.	<i>kamples:</i> T i	Felevisions and	Location: 5548 I	Id goods and furnishings Red Tailed Hawk Dr., Hillsboro MO 6305 eo, stereo, and digital equipment; computers, pr	<u> </u>	\$1,650.0 sollections; electronic devices

Case 18-47890 Doc 1 Filed 12/17/18 Entered 12/17/18 12:12:34 Main Document Pg 12 of 54 Debtor 1 Joshua Aesop Vuylsteke Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Various articles of clothing \$300.00 Location: 5548 Red Tailed Hawk Dr., Hillsboro MO 63050 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No ■ Yes. Describe..... Wedding rings \$1,000,00 Location: 5548 Red Tailed Hawk Dr., Hillsboro MO 63050 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... 2 Cats \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3.150.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured

Schedule A/B: Property

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

16. Cash

No

Official Form 106A/B

page 3

claims or exemptions.

	ebtor 2 Aubrey Ann Ma	-		Case number (if known)	
17.	institutions. If yo			ounts; certificates of deposit; shares in credit unions, brokerage houses, with the same institution, list each.	, and other similar
	☐ No ■ Yes			Institution name:	
	1	17.1.	Checking	American Eagle Credit Union	\$0.00
	1	17.2.	Savings	American Eagle Credit Union	\$5.00
	1	17.3.	Checking	First State Community Bank	\$400.00
	1	17.4.	Savings	First State Community Bank	\$1,200.00
18.	Bonds, mutual funds, or p Examples: Bond funds, invo ■ No □ Yes			okerage firms, money market accounts	
19.		and	interests in incorpo	orated and unincorporated businesses, including an interest in an	LLC, partnership, and
	☐ Yes. Give specific inform		about them ne of entity:	 % of ownership:	
20.	Negotiable instruments incl	ude p s are ation a	personal checks, cas those you cannot tra	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. Inster to someone by signing or delivering them.	
21.	Retirement or pension acc Examples: Interests in IRA,			03(b), thrift savings accounts, or other pension or profit-sharing plans	
	☐ Yes. List each account se		ely. of account:	Institution name:	
22.	Examples: Agreements with	posit	s you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or	others
	■ No □ Yes			Institution name or individual:	
23.	Annuities (A contract for a ■ No	perio	dic payment of mone	ey to you, either for life or for a number of years)	
		r nam	e and description.		
24.	Interests in an education II 26 U.S.C. §§ 530(b)(1), 529 ■ No			ualified ABLE program, or under a qualified state tuition program.	
	☐ Yes Institu	tion r	name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
	Trusts, equitable or future ■ No □ Yes. Give specific inform			ther than anything listed in line 1), and rights or powers exercisab	le for your benefit

	ebtor 1 ebtor 2	Joshua Aesop Vuylsteke Aubrey Ann Marie Vuylstel	e Py 14 C		Case number (if known)	
26.	Examp		secrets, and other intellectual pites, proceeds from royalties and li		ts	
	■ No □ Yes.	Give specific information about th	em			
	Examp ■ No	es, franchises, and other generalles: Building permits, exclusive lic	enses, cooperative association hol	dings, liquor licens	es, professional licenses	
M	oney or	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	runds owed to you Give specific information about the	em, including whether you already	filed the returns an	d the tax years	
29.	Examp	support oles: Past due or lump sum alimon	y, spousal support, child support, n	naintenance, divord	ce settlement, property se	ettlement
			Back Child Support is owed Vuylsteke	to Aubrey		Unknown
	Examp ■ No	benefits; unpaid loans you ma	rance payments, disability benefits, ade to someone else	sick pay, vacation	pay, workers' compens	ation, Social Security
	Interes	Give specific information ts in insurance policies bles: Health, disability, or life insura	ance; health savings account (HSA); credit, homeown	er's, or renter's insurance	e
		Name the insurance company of e Company n		Beneficiar	y:	Surrender or refund value:
		Term life i	nsurance through employer	_		\$0.00
	If you a some o ■ No □ Yes. Claims Examp	ne has died. Give specific information against third parties, whether of	r from someone who has died expect proceeds from a life insura or not you have filed a lawsuit or tes, insurance claims, or rights to s	made a demand f	·	re property because
	■ res.	P	otential Claim against LCS F f the FDCPA with a maximun 1000.00.			Unknown

Case 18-47890 Doc 1 Filed 12/17/18 Entered 12/17/18 12:12:34 Main Document Pebtor 1 Joshua Aesop Vuylsteke Pg 15 of 54 Aubrey Ann Marie Vuylsteke Case number (if known)

34. Other contingent and unliquidated claims of every nature, ■ No	including counterclaims	of the debtor and rights to	set off claims
Yes. Describe each claim			
35. Any financial assets you did not already list			
■ No			
☐ Yes. Give specific information			
36. Add the dollar value of all of your entries from Part 4, inc for Part 4. Write that number here		es you have attached	\$1,605.00
Part 5: Describe Any Business-Related Property You Own or Have a	n Interest In. List any real esta	ate in Part 1.	
37. Do you own or have any legal or equitable interest in any business	s-related property?		
No. Go to Part 6.			
☐ Yes. Go to line 38.			
Part 6: Describe Any Farm- and Commercial Fishing-Related Propert If you own or have an interest in farmland, list it in Part 1.	ty You Own or Have an Interes	st In.	
46. Do you own or have any legal or equitable interest in any	farm- or commercial fishin	ig-related property?	
■ No. Go to Part 7.		J	
☐ Yes. Go to line 47.			
Part 7: Describe All Property You Own or Have an Interest in Th	at You Did Not List Above		
53. Do you have other property of any kind you did not alread Examples: Season tickets, country club membership ■ No			
☐ Yes. Give specific information			
54. Add the dollar value of all of your entries from Part 7. Wr	ite that number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$149,000.00
56. Part 2: Total vehicles, line 5	\$24,150.00		· · ·
57. Part 3: Total personal and household items, line 15	\$3,150.00		
58. Part 4: Total financial assets, line 36	\$1,605.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	+ \$0.00		
62. Total personal property. Add lines 56 through 61	\$28,905.00	Copy personal property to	tal \$28,905.00
63 Total of all property on Schedule A/R Add line 55 1 line 6	2	Γ	£477.00E.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$177,905.00

Fill in this infor	mation to identify your	case:	Pg 16 01 54		
Debtor 1	Joshua Aesop Vu	ıylsteke			
	First Name	Middle Name	Last Name		
Debtor 2	Aubrey Ann Mari	e Vuylsteke			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF MISSOURI		
Case number (if known)				_	Check if this is an
(Ц	amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.	
	You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)	

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim the portion you own Check only one box for each exemption.			Specific laws that allow exemption	
5548 Red Tailed Hawk Dr. Hillsboro, MO 63050 Jefferson County	\$149,000.00		\$3,993.00	RSMo § 513.475	
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit		
2015 Chevy Colorado 72000 miles Location: 5548 Red Tailed Hawk Dr.,	\$17,850.00 ■		\$4,895.00	RSMo § 513.430.1(5)	
Hillsboro MO 63050 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
2012 Mazda CX7 70000 miles Location: 5548 Red Tailed Hawk Dr.,	\$6,300.00		\$1,105.00	RSMo § 513.430.1(5)	
Hillsboro MO 63050 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
2012 Mazda CX7 70000 miles Location: 5548 Red Tailed Hawk Dr.,	\$6,300.00		\$500.00	RSMo § 513.440	
Hillsboro MO 63050 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
Various houehold goods and furnishings	\$1,650.00		\$1,650.00	RSMo § 513.430.1(1)	
Location: 5548 Red Tailed Hawk Dr., Hillsboro MO 63050 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		

De	btor 2 Aubrey Ann Marie Vuylsteke			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Various electronics Location: 5548 Red Tailed Hawk Dr.,	\$200.00		\$200.00	RSMo § 513.430.1(1)
	Hillsboro MO 63050 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
	Various articles of clothing Location: 5548 Red Tailed Hawk Dr.,	\$300.00		\$300.00	RSMo § 513.430.1(1)
	Hillsboro MO 63050 Line from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	Wedding rings Location: 5548 Red Tailed Hawk Dr.,	\$1,000.00		\$1,000.00	RSMo § 513.430.1(2)
	Hillsboro MO 63050 Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	Savings: American Eagle Credit	\$5.00		\$5.00	RSMo § 513.430.1(3)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Checking: First State Community Bank	\$400.00		\$400.00	RSMo § 513.430.1(3)
	Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	
	Savings: First State Community Bank Line from Schedule A/B: 17.4	\$1,200.00		\$795.00	RSMo § 513.430.1(3)
				100% of fair market value, up to any applicable statutory limit	
	Savings: First State Community Bank Line from Schedule A/B: 17.4	\$1,200.00		\$405.00	RSMo § 513.440
	Ellie II dill Genedale AV.B. 1114			100% of fair market value, up to any applicable statutory limit	
	Potential Claim against LCS Financial Services for violations of	Unknown		\$1,000.00	RSMo § 513.440
	the FDCPA with a maximum value to the Debtor of \$1000.00. Line from <i>Schedule A/B</i> : 33.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmen	t.)
	NoYes. Did you acquire the property covere	ed by the exemption wi	thin 1	,215 days before you filed this case?	?
	□ No				
	☐ Yes				

Fill in this informa	ntion to identify you	ur case: Pg 18 of 54			
Debtor 1	Joshua Aesop				
	First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing)	Aubrey Ann Ma First Name	Irie Vuylsteke Middle Name Last Name			
United States Bank	ruptcy Court for the	: EASTERN DISTRICT OF MISSOURI			
Case number				_	if this is an led filing
Official Form	106D				
Schedule D): Creditors	s Who Have Claims Secured	by Propert	У	12/15
		If two married people are filing together, both are equout, number the entries, and attach it to this form. On			
1. Do any creditors ha	ave claims secured b	y your property?			
□ No. Check tl	his box and submit t	this form to the court with your other schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in a	II of the information	below.			
Part 1: List All	Secured Claims				
2. List all secured cla	aims. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
		s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Commerce	Bank Kansas	Describe the property that secures the claim:	\$12,955.00	\$17,850.00	\$0.00
Creditor's Name		2015 Chevy Colorado 72000 miles Location: 5548 Red Tailed Hawk Dr., Hillsboro MO 63050			
Attn: Bankr	uptcy 248 Kcrec-10	As of the date you file, the claim is: Check all that			
	y, MO 64141	apply. ☐ Contingent			
	ity, State & Zip Code	☐ Unliquidated			
Who owes the debt	? Check one	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	Offeck offe.	☐ An agreement you made (such as mortgage or sect	ured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the		Judgment lien from a lawsuit			
☐ Check if this clair community debt		Other (including a right to offset)			
	Opened 06/15 Last Active				
Date debt was incur	red 11/28/18	Last 4 digits of account number 0001			
Home Point Corp	t Financial	Describe the property that secures the claim:	\$145,007.00	\$149,000.00	\$0.00
Creditor's Name		5548 Red Tailed Hawk Dr. Hillsboro,			
Attn: Corre	spondence Rd, Ste 200	MO 63050 Jefferson County			
Farners Bra		As of the date you file, the claim is: Check all that apply.			
75234		Contingent			
Number, Street, C	ity, State & Zip Code	Unliquidated			
Who owes the debt	t? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only		☐ An agreement you made (such as mortgage or section)	ured		
■ Debtor 2 only		car loan)			
Debtor 1 and Debt	•	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit			

Official Form 106D

Debtor 1	Joshua Ae	esop Vuylstek	e		Case nu	umber (if known)	
	First Name	Middle N	ame	Last Name		_	
Debtor 2	Aubrey Ar	nn Marie Vuyl	steke				
	First Name	Middle N	ame	Last Name			
	if this claim re unity debt	lates to a	☐ Other (including	ng a right to offset)			
Date debt	was incurred	Opened 09/17 Last Active 11/30/18	Last 4 dig	gits of account number	7314		
Add the	dollar value of	vour entries in C	olumn A on this n	age. Write that number h	ere.	\$157,962.00	
If this is		of your form, add	•	otals from all pages.		\$157,962.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Ca	Se 10-47090	DOC T L	ieu 12/11/10 Lilieje	u 12/1/	10 12.12.34	Mail Ducu	HICHL
Fill in this in	formation to ident	ify your case:	Pg 20 of s	54			
Debtor 1	loshua A	esop Vuylsteke					
DODIOI 1	First Name		ddle Name Last Nai	me			
Debtor 2	Aubrey Aı	nn Marie Vuylst	eke				
(Spouse if, filing)	First Name		ddle Name Last Na	me			
United States	s Bankruptcy Court	for the: EASTE	RN DISTRICT OF MISSOURI				
Case numbe	r						
(if known)						_	if this is an led filing
						ameno	lea ming
	orm 106E/F						_
Schedule 4 1	e E/F: Credit	ors Who Ha	ave Unsecured Clain	าร			12/15
left. Attach the	Continuation Page to number (if known).	o this page. If you h	roperty. If more space is needed, on ave no information to report in a F				
	st All of Your PRIC						
	editors have priority	unsecured claims a	against you?				
☐ No. Go	to Part 2.						
Yes.							
identify wh possible, I	nat type of claim it is. If ist the claims in alphab	a claim has both pric petical order accordin	itor has more than one priority unsec ority and nonpriority amounts, list that g to the creditor's name. If you have im, list the other creditors in Part 3.	t claim here ar	nd show both priority a	nd nonpriority amoun	ts. As much as
(For an ex	planation of each type	of claim, see the inst	tructions for this form in the instruction	n booklet.)			
					Total claim	Priority amount	Nonpriority amount
2.1 IRS			Last 4 digits of account numbe	AP.	\$7,684.00	\$7,684.00	\$0.00
	ty Creditor's Name		Last 4 digits of account number	···	<u> </u>	\$7,004.00	φυ.υυ
_	Box 7346		When was the debt incurred?	20174			
	adelphia, PA 191 per Street City State ZI		As of the date you file, the clair	m is: Check a	ll that annly		
	urred the debt? Ched	•	Contingent	ii is. Oneck a	п тат арргу		
☐ Debte	or 1 only		☐ Unliquidated				
☐ Debte	or 2 only		Disputed				
■ Debte	or 1 and Debtor 2 only		Type of PRIORITY unsecured c	laim:			
_	ast one of the debtors		☐ Domestic support obligations				
_	k if this claim is for a		Taxes and certain other debts	s vou owe the	aovernment		
	aim subject to offset		☐ Claims for death or personal i	•	•		
■ No	•		Other. Specify	. , - ,-			
☐ Yes			Income T	axes			

Pg 21 of 54 Debtor 1 Joshua Aesop Vuylsteke Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) 2.2 Last 4 digits of account number 0608 Missouri Child Support \$7,602.00 \$7,602.00 \$0.00 Priority Creditor's Name Attn: Bankruptcy Opened 10/09 Last Po Box 6790 When was the debt incurred? Active 11/13/18 Jefferson City, MO 65102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes **Family Support** 2.3 Missouri Child Support \$479.00 \$479.00 \$0.00 Last 4 digits of account number 0329 Priority Creditor's Name Attn: Bankruptcy Opened 07/09 Last Po Box 6790 When was the debt incurred? Active 11/13/18 Jefferson City, MO 65102 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Family Support** 2.4 Last 4 digits of account number \$0.00 Missouri Department of Revenue \$0.00 \$0.00 Priority Creditor's Name **Bankruptcy Unit** When was the debt incurred? P.O. Box 475 301 W. High Street Jefferson City, MO 65105-0475 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed ■ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes **Notice Only** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?

 \square No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more

Debtor 1 Joshua Aesop Vuylsteke

Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known)

			Total claim				
Account Resolution Corp	Last 4 digits of account number	6278	\$157.0				
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3860 Chesterfield, MO 63006	When was the debt incurred?	Opened 02/15					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
■ Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community debt	☐ Student loans						
Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not					
No	Debts to pension or profit-sharing	g plans, and other similar debts					
Yes	Other. Specify Collection	Attorney Ernst Radiology	-				
Account Resolution Corp	Last 4 digits of account number	6254	\$149.0				
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3860	When was the debt incurred?	Opened 02/15	-				
Chesterfield, MO 63006	_						
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa						
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin						
■ No		01 ,					
Yes	Other. Specify Collection	Attorney Ernst Radiology	-				
American Eagle Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	6100	\$13,776.0				
P.O. Box 672051 Dallas, TX 75267-2021	When was the debt incurred?	2015	-				
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply					
Who incurred the debt? Check one.							
☐ Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
■ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
□Yes	■ Other. Specify Credit Card						

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4.6 Capital One Last 4 digits of account number 4334 Unknown

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130
Number Street City State Zlp Code
Who incurred the debt? Check one

State Zlp Code As of the date you file, the claim is: Check all that apply

When was the debt incurred?

Who incurred the debt? Check one.

■ Debtor 1 only □ Contingent
□ Debtor 2 only □ Unliquidated
□ Debtor 1 and Debtor 2 only □ Disputed

At least one of the debtors and another

Type of NONPRI

☐ Check if this claim is for a community debt
Is the claim subject to offset?

No

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

5/29/09

Opened 6/17/07 Last Active

☐ Yes

Pg 24 of 54 Debtor 1 Joshua Aesop Vuylsteke Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) 4.7 **Chase Card Services** Last 4 digits of account number 5783 \$1,940.00 Nonpriority Creditor's Name **Correspondence Dept** Opened 01/16 Last Active When was the debt incurred? Po Box 15298 10/31/18 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.8 **Commerce Bank** Last 4 digits of account number 7244 \$2,257.00 Nonpriority Creditor's Name P.O. Box 801042 When was the debt incurred? 2015 Kansas City, MO 64180 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Personal Loan for Medical Expenses** 4.9 I C System Inc \$256.00 Last 4 digits of account number 1335 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 09/18** Po Box 64378 St Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Collection Attorney Ameren Missouri

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1 Joshua Asson Vuvlsteke PG 25 of 54

	or 1 Joshua Aesop Vuylsteke or 2 Aubrey Ann Marie Vuylsteke	Fy 25 01 54	Case number (if known)	
4.1 0	Kohls/Capital One	Last 4 digits of account number	1365	\$1,858.00
	Nonpriority Creditor's Name Kohls Credit	_	Opened 09/15 Last Active	·
	Po Box 3120 Milwaukee, WI 53201	When was the debt incurred?	10/31/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Paypal	Last 4 digits of account number	8530	\$5,134.88
1	Nonpriority Creditor's Name			ψο,το που
	P.O. Box 71202 Charlotte, NC 28272-1202	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	<u> </u>	
4.1	Revolution Physical Therapy	Last 4 digits of account number	PT01	\$363.13
	Nonpriority Creditor's Name 15 Apex Dr.	When was the debt incurred?		· · · · · · · · · · · · · · · · · · ·
	Highland, IL 62249			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	

☐ Yes

■ Other. Specify Medical

Pg 26 of 54 Debtor 1 Joshua Aesop Vuylsteke Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) 4.1 **SSM Health Care** 0639 \$150.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Patient Business Services** When was the debt incurred? PO Box 505168 Saint Louis, MO 63150-5168 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.1 St. Anthony's Medical Center 0038 \$150.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 66766 When was the debt incurred? 2018 Saint Louis, MO 63166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes 4.1 St. Luke's Hospital 1391 \$279.60 Last 4 digits of account number Nonpriority Creditor's Name PO Box 500223 When was the debt incurred? 2018 Saint Louis, MO 63150-0223 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Medical

report as priority claims

 \square Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Case 18-47890 Doc 1 Filed 12/17/18 Entered 12/17/18 12:12:34 Main Document Pg 27 of 54 Debtor 1 Joshua Aesop Vuylsteke Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) 4.1 Synchrony Bank/Lowes 2570 \$1,320.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 10/17 Last Active Attn: Bankruptcy Dept Po Box 965060 When was the debt incurred? 10/31/18 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes **US Deptartment of Education/Great** 4.1 8581 \$26,231.00 Lakes Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/14 Last Active Po Box 7860 When was the debt incurred? 9/01/17 Madison, WI 53707 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Other. Specify ☐ Yes **Educational** Visa Dept Store National 4 1 7120 \$0.00 Last 4 digits of account number 8 Bank/Macy's Nonpriority Creditor's Name Attn: Bankruptcy Opened 07/18 Last Active Po Box 8053 When was the debt incurred? 11/30/18 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

☐ Yes ☐ Other. Specify Charge Account

☐ Student loans

report as priority claims

■ No

Type of NONPRIORITY unsecured claim:

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

.nn Marie Vuylsteke Case number (if known)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Transworld Systems Inc. 2135 E Primrose Suite Q Springfield, MO 65804 On which entry in Part 1 or Part 2 did you list the original creditor?

Line <u>4.13</u> of (*Check one*): ☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0639

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 8,081.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 7,684.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 15,765.00
				Total Claim
	6f.	Student loans	6f.	\$ 26,231.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 46,034.65
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 72,265.65

Fill in this information to identify your case:						
Debtor 1	Joshua Aesop Vu	ıylsteke				
	First Name	Middle Name	Last Name			
Debtor 2	Aubrey Ann Marie	e Vuylsteke				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	EASTERN DISTRICT C	DF MISSOURI			
Case number						Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					<u></u>
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	Oity		Olate	Zii Oddo	
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		State	211 0000	
-	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

	200		Pg 30 of 54	
Fill in this	s information to identify your	case:		
Debtor 1	Joshua Aesop Vu	ıvlsteke		
	First Name	Middle Name	Last Name	
Debtor 2	Aubrey Ann Mari	e Vuylsteke		
(Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MISSOURI	
Case num	ber			Charlett this is an
(II KIIOWII)				Check if this is an amended filing
				amended ming
Officia	I Form 106H			
	dule H: Your Cod	obtors		40/45
Sched	ule H. Your Cou	eproiz		12/15
■ No	s		·	s a codebtor. ? (Community property states and territories include
■ No	na, California, Idaho, Louisiana, . Go to line 3. s. Did your spouse, former spou			gton, and Wisconsin.)
in line Form	e 2 again as a codebtor only i	f that person is a guara	intor or cosigner. Make s	f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name Number Street			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
	City Street	State	ZIP Code	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line
-	Number Street City	State	ZIP Code	

Fil	l in this information t	to identify your ca	ase:					
De	ebtor 1	Joshua Aes	op Vuylsteke					
1	ebtor 2 ouse, if filing)	Aubrey Ann	Marie Vuylsteke					
Un	nited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF MISSOURI				
	official Form		ome	-			ent showing postpetition cas of the following date:	hapter 12/15
Ве	as complete and a	ccurate as poss	sible. If two married peo	ople are filing together (Debtor ng jointly, and your spouse is I	l and [Debtor 2), bot	th are equally responsib	le for
	<u> </u>	e Employment	On the top of any additi	ional pages, write your name a	id case	· ·	known). Answer every q	uestion
	If you have more	than one job,		■ Employed		■ Emplo	pyed	
	attach a separate information about		Employment status	☐ Not employed		☐ Not er	mployed	
	employers.		Occupation	Painter		Medical	l Coder	
	Include part-time, self-employed wo	, ,	Employer's name	Self - Employed		Washin	gton University	
	Occupation may i or homemaker, if		Employer's address				orest Park ouis, MO 63130	
			How long employed t	here? 2 years		4	years	
Pa	rt 2: Give De	tails About Mor	nthly Income					
	imate monthly inco		ate you file this form. If	you have nothing to report for an	/ line, v	vrite \$0 in the	space. Include your non-	iling
	ou or your non-filing re space, attach a se			ombine the information for all emp	oloyers	for that perso	n on the lines below. If yo	u need
					For	Debtor 1	For Debtor 2 or non-filing spouse	

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

non-			
\$	0.00	\$	2.
+\$_	0.00	+\$	3.
\$_	0.00	\$	4.
-	\$ +\$	0.00 \$	\$ 0.00 \$ +\$

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Joshua Aesop Vuylsteke Aubrey Ann Marie Vuylsteke	_	(Case	e number (if known)	_			
	Con	y line 4 here	4.		Fo:	r Debtor 1		For Debtor non-filing s		
					*-	0.00	-	¥	010.00	
5.		all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	0.00	_		747.37	
	5b.	Mandatory contributions for retirement plans	5b		\$_	0.00	_	\$	0.00	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c 5d		\$_ \$	0.00	_	\$ 	0.00	
	5e.	Insurance	5e		\$ -	0.00 0.00	_	·	321.95	
	5f.	Domestic support obligations	5f.		\$ -	0.00	_	\$	0.00	
	5g.	Union dues	5g		\$-	0.00	_	\$	0.00	
	5h.	Other deductions. Specify:	-).+	\$	0.00		\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	_	\$ 1,	,069.32	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00		\$ 3,	,246.63	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8c 8d 8e).	\$\$ \$\$\$ \$\$\$ \$\$\$\$	1,099.75 0.00 0.00 0.00 0.00 0.00 0.00		\$ \$ \$ \$ \$ \$ \$	0.00 0.00 300.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	1,099.75		\$	300.00	
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		1,099.75 +	3	3,546.63	= \$	4,646.38
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								·
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					in <i>Schedule</i>	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes							\$Combin	
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						monthly	/ income

Official Form 106I Schedule I: Your Income page 2

United States Bankruptcy Court Eastern District of Missouri

In re	Joshua Aesop Vuylsteke Aubrey Ann Marie Vuylsteke		Case No.	
	,	Debtor(s)	— Chapter	13

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ON	LY INCLUDE information	directly related to the busin	ness operation.)
PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS	:		
1. Gross Income For 12 Months Prior to Filing:	\$	18,070.50	
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INC	OME:		
2. Gross Monthly Income		\$	3,011.75
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:			
3. Net Employee Payroll (Other Than Debtor)	\$	0.00	
4. Payroll Taxes		0.00	
5. Unemployment Taxes		0.00	
6. Worker's Compensation		0.00	
7. Other Taxes		0.00	
8. Inventory Purchases (Including raw materials)		1,000.00	
9. Purchase of Feed/Fertilizer/Seed/Spray		0.00	
10. Rent (Other than debtor's principal residence)		75.00	
11. Utilities		0.00	
12. Office Expenses and Supplies		0.00	
13. Repairs and Maintenance		0.00	
14. Vehicle Expenses		0.00	
15. Travel and Entertainment		0.00	
16. Equipment Rental and Leases		0.00	
17. Legal/Accounting/Other Professional Fees		800.00	
18. Insurance		37.00	
19. Employee Benefits (e.g., pension, medical, etc.)		0.00	
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition	Business Debts (Specify):		
DESCRIPTION	TOTAL		
21. Other (Specify):			
DESCRIPTION	TOTAL		
22. Total Monthly Expenses (Add items 3-21)		\$	1,912.00
PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:			
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)		\$	1,099.75

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Joshua Aes	op Vuyls	teke		Chec	k if this is:	
	otor 2	Aubrey Ann						ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF MISSOL	JRI	Ī	MM / DD / YYYY	
	se number nown)							
O ¹	fficial Fo	orm 106J						
S	chedule	J: Your	Exper	ises				12/15
Be	as complete ormation. If m	and accurate as	s possible eded, atta	. If two married people ar ch another sheet to this	e filing together, b form. On the top of	oth are equa f any additio	illy responsible fo nal pages, write y	r supplying correct our name and case
Par 1.	t 1: Desc	ribe Your House	ehold					
١.	□ No. Go to							
			in a separ	ate household?				
		lo	-	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debt	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		10	Yes
					Daughter		12	□ No ■ Yes
					Dauginei			■ res □ No
								□ Yes
								□ No
0	D		_					☐ Yes
3.	expenses of	penses include of people other t d your depende	han _	No Yes				
Par		nate Your Ongoi		y Expenses uptcy filing date unless y	ou are using this f	orm oc o cu	anlament in a Cha	ntor 12 ages to report
exp		a date after the		y is filed. If this is a supp				
				government assistance it				
	ficial Form 10		a navo m		our moome		Your expe	enses
4.		or home owners		ses for your residence. In	nclude first mortgag	e 4. \$		1,048.61
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
		<u>.</u>	•	ıpkeep expenses		4c. \$		0.00
_		eowner's associa				4d. \$		0.00
5.	Additional	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Debtor 1 Debtor 2		Aesop Vuylsteke Ann Marie Vuylsteke	Case number (if	known)
6. Uti l	lities:			
6a.	Electricity	, heat, natural gas	6a. \$	182.00
6b.	Water, sev	wer, garbage collection	6b. \$	70.00
6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c. \$	302.00
6d.	Other. Spe	ecify:	6d. \$ ⁻	0.00
7. Fo o	od and hous	ekeeping supplies	7. \$	600.00
		children's education costs	8. \$	30.00
9. Clo	thing, laund	ry, and dry cleaning	9. \$	200.00
0. Pe r	rsonal care p	products and services	10. \$	100.00
1. Me	dical and de	ntal expenses	11. \$	288.00
12. Tra	nsportation.	Include gas, maintenance, bus or train fare.	· -	
	not include c		12. \$	400.00
13. Ent	tertainment,	clubs, recreation, newspapers, magazines, and books	13. \$	50.00
4. Ch	aritable cont	ributions and religious donations	14. \$	0.00
-	urance.		=	
		nsurance deducted from your pay or included in lines 4 or 20		
	a. Life insura		15a. \$	0.00
15b	 Health ins 	urance	15b. \$ _	0.00
150	c. Vehicle in	surance	15c. \$ _	229.00
150	d. Other insu	ırance. Specify:	15d. \$	0.00
		nclude taxes deducted from your pay or included in lines 4 o		
		onal Property	16. \$ _	55.00
		ease payments:		
		ents for Vehicle 1	17a. \$	0.00
	. ,	ents for Vehicle 2	17b. \$ _	0.00
17c	c. Other. Spe	ecify:	17c. \$	0.00
17c	d. Other. Spe	ecify:	17d. \$	0.00
		of alimony, maintenance, and support that you did not		433.00
		your pay on line 5, Schedule I, Your Income (Official Fo		
		s you make to support others who do not live with you.	\$ _	0.00
	ecify:		19.	
		erty expenses not included in lines 4 or 5 of this form o		
		s on other property	20a. \$	0.00
	. Real estat		20b. \$ _	0.00
		homeowner's, or renter's insurance	20c. \$	0.00
		nce, repair, and upkeep expenses	20d. \$	0.00
		er's association or condominium dues	20e. \$ _	0.00
1. Oth	ner: Specify:		21+\$_	0.00
2 Cal	culate vour	monthly expenses		
	a. Add lines 4	• •	\$	3.987.61
		2 (monthly expenses for Debtor 2), if any, from Official Forn		3,307.01
220	. Add line 22	a and 22b. The result is your monthly expenses.	\$	3,987.61
3. Cal	culate your	monthly net income.		
		12 (your combined monthly income) from Schedule I.	23a. \$	4,646.38
		monthly expenses from line 22c above.	23b\$	3,987.61
	1772	•	- · · · · ·	
230	. Subtract y	our monthly expenses from your monthly income.		
		is your monthly net income.	23c. \$	658.77
For mod	example, do yo dification to the	an increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you terms of your mortgage?		
	No.			
	Yes.	Explain here:		

Fill in this infor	rmation to identify your	case:				
Debtor 1	Joshua Aesop Vu	Middle Name	Last Name			
Debtor 2 Aubrey Ann Marie Vuylsteke						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	DF MISSOURI			
Case number						
(if known)				-	cif this is an ded filing	
If two married p	tion About a	, both are equally respo	Debtor's Scheonsible for supplying correct informations or amended schedules. Making	ormation. og a false statement, concealin		
years, or both. 1	gn Below		kruptcy case can result in fines	up to \$250,000, or imprisonm	ent for up to 20	
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out bankrup	otcy forms?		
■ No						
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)		
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with	this declaration and		
X /s/ Jos	shua Aesop Vuylsteke	•	X /s/ Aubrey Ann N	larie Vuylsteke		
	ıa Aesop Vuylsteke		Aubrey Ann Mar			
Signatu	ure of Debtor 1		Signature of Debtor	2		
Date	December 12, 2018		Date December	12, 2018		

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-	II in this inform	nation to identify you				
De	ebtor 1	Joshua Aesop \ First Name	Middle Name	Last Name		
1	ebtor 2	Aubrey Ann Ma				
(Sp	oouse if, filing)	First Name	Middle Name	Last Name		
Ur	nited States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	PF MISSOURI		
1	ase number known)					☐ Check if this is an amended filing
St		of Financial	Affairs for Indiv			4/10
inf	ormation. If m					e for supplying correct write your name and case
Pa	art 1: Give D	etails About Your Ma	arital Status and Where Yo	ou Lived Before		
1.	What is your	current marital statu	us?			
	■ Married					
	□ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	n where you live now?		
	□ No					
	_	t all of the places you	lived in the last 3 years. Do	not include where you liv	e now.	
	Debtor 1 Pr	ior Address:	Dates Debtor lived there	1 Debtor 2 Pri	or Address:	Dates Debtor 2 lived there
	8630 Villa Hillsboro,		From-To: 11/15 - 9/17	■ Same as D	ebtor 1	Same as Debtor 1 From-To:
	4899 Broo Hillsboro,		From-To:	☐ Same as D	ebtor 1	☐ Same as Debtor 1 From-To:
3. sta			ver live with a spouse or loalifornia, Idaho, Louisiana, N			r territory? (Community property ton and Wisconsin.)
	■ No					
	☐ Yes. Ma	ake sure you fill out Sc	hedule H: Your Codebtors (Official Form 106H).		
Pa	art 2 Explai	n the Sources of You	ır Income			
4.	Fill in the tota	al amount of income yo	mployment or from operat ou received from all jobs and have income that you recei	l all businesses, including	part-time activities.	ous calendar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions a exclusions)	Sources of incon	

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 **Joshua Aesop Vuylsteke**Debtor 2 **Aubrey Ann Marie Vuylsteke**

Case number (if known)

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		☐ Wages, commissions, bonuses, tips	\$27,920.00	■ Wages, commissions, bonuses, tips	\$43,159.00		
				Operating a business		☐ Operating a business	
		dar year: December	31, 2017)	☐ Wages, commissions, bonuses, tips	\$48,402.00	■ Wages, commissions, bonuses, tips	\$40,771.84
				Operating a business		☐ Operating a business	
		dar year be December		☐ Wages, commissions, bonuses, tips	\$28,725.00	■ Wages, commissions, bonuses, tips	\$42,682.00
				Operating a business		☐ Operating a business	
	No	Fill in the de	Ū	me from each source separa	es.,. Do not morado morale a	, 50 11000 11 1110 7.	
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
		1 of curre	nt year until nkruptcy:		\$0.00	Child Support	\$4,210.00
		dar year: December	31, 2017)		\$0.00	Child Support	\$2,670.00
Part 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6. Ar				's debts primarily consume		s are defined in 11 U.S.C. § 10	01(8) as "incurred by an
_				personal, family, or househol		, and admined in 11 dictor 3 10	(0) aooaoa by a
		During the No.	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a tota	of \$6,425* or more?	
		☐ Yes	List below e	each creditor to whom you pai		n one or more payments and t	
		* Subject	not include	payments to an attorney for the	his bankruptcy case.	ations, such as child support a or after the date of adjustment	•
•	Yes.			r both have primarily consu		of \$600 or more?	
		■ No.	Go to line 7				
		☐ Yes	List below e include pay	each creditor to whom you pai		the total amount you paid that out and alimony. Also, do not	

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Del	btor 2 Au	brey Ann Marie Vuylsteke		Cas	se number (if known)		
	Creditor'	s Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
7.	Insiders in of which y	rear before you filed for bankrupt clude your relatives; any general p ou are an officer, director, person in s you operate as a sole proprietor.	artners; relatives of any ger n control, or owner of 20% of	neral partners; partne or more of their voting	erships of which you g securities; and ar	u are a general ny managing ag	partner; corporations ent, including one fo
	■ No □ Yes.	List all payments to an insider.					
	Insider's	Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
8.	insider?	rear before you filed for bankrup		ments or transfer a	any property on a	ccount of a de	bt that benefited an
	■ No □ Yes.	List all payments to an insider					
		Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	
Par	rt 4: Idei	ntify Legal Actions, Repossessio	ons, and Foreclosures	paiu	Still Owe	molade credit	or s name
	modification ■ No □ Yes.	th matters, including personal injury ons, and contract disputes. Fill in the details.					·
	Case title		Nature of the case	Court or agency		Status of the	case
10.	Check all	rear before you filed for bankrupthat apply and fill in the details below to line 11. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached,	seized, or levied?
	Creditor	Name and Address	Describe the Property		Date		Value of the property
			Explain what happene	d			
11.	accounts No	days before you filed for bankru or refuse to make a payment bed Fill in the details.		luding a bank or fir	nancial institution	, set off any ar	nounts from your
	Creditor	Name and Address	Describe the action the	e creditor took	Date a	action was	Amount
12.		rear before you filed for bankrup ointed receiver, a custodian, or a		erty in the possessi	ion of an assigned	e for the benef	it of creditors, a

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1 Joshua Asson Vuvlsteke Pq 40 of 54

	tor 2 Aubrey Ann Marie Vuylsteke	Case nu	umber (if known)	
Part	5: List Certain Gifts and Contributions			
	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts with a total value of n	nore than \$600 per person?	•
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and	Describe the gifts	Dates you gave the gifts	Value
	Address: Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or continuous conti	tcy, did you give any gifts or contributions with	a total value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Part	6: List Certain Losses			
	Within 1 year before you filed for bankruptoor gambling? No Yes. Fill in the details.	cy or since you filed for bankruptcy, did you los	e anything because of thef	t, fire, other disaster
	how the loss occurred In in	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pensurance claims on line 33 of Schedule A/B: Propention		Value of property lost
	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf eparing a bankruptcy petition? parers, or credit counseling agencies for services re		rty to anyone you
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Pontello Law, LLC 406 Boones Lick Rd. Saint Charles, MO 63301 dominic@pontellolaw.com	Attorney Fees	11/7/18	\$224.00
		cy, did you or anyone else acting on your behalf ors or to make payments to your creditors? ou listed on line 16.	f pay or transfer any prope	rty to anyone who
	Yes. Fill in the details.	Description and relative formation	Deta	A
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was	Amount of payment

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Debtor 1 **Joshua Aesop Vuylsteke**Debtor 2 **Aubrey Ann Marie Vuylsteke**

Case number (if known)

Address Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer with made Pert Sill. List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokeragh houses, persion funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part Sill In the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details.							
Person Who Received Transfer Address property or payments received or debts paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No	18.	transferred in the ordinary course of your build line line both outright transfers and transfers mainclude gifts and transfers that you have alread No	usiness or financial affa ade as security (such as t	nirs? he granting of a s			
Address Person's relationship to you							
Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No			-		payme	nts received or debts	Date transfer was made
beneficiary? (These are often called asset-protection devices.) Name of trust Description and value of the property transferred Name of trust Description and value of the property transferred Date Transfer w. made Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokeragh houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Seveet, City, State and ZIP Code) Address (Number, Seveet, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Seveet, City, State and ZIP Code) Who else had access to it? Address (Number, Seveet, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Seveet, City, State and ZIP Code) Who else had access to it? Address (Number, Seveet, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Seveet, City, State and ZIP Code) Who else has or had access to it? Address (Number, Seveet, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Seveet, City, State and ZIP Code) Who else has or had access to it? Address (Number, Seveet, City, State and ZIP Code) No Yes. Fill in the details. Where is the property? No Yes. Fill in the details. No Yes. Fill in the details. No Yes. Fill in the details.		Person's relationship to you					
Yes. Fill in the details.	19.	beneficiary? (These are often called asset-pro		y property to a s	self-settled	I trust or similar device o	of which you are a
Name of trust Description and value of the property transferred made Pairt 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Or yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Or yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)		_					
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units No							
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Ves. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Patt State and ZIP Code) No Yes. Fill in the details.		Name of trust	Description and v	alue of the prop	erty transi	terred	
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Object of the contents of the cont	Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	rage Units	S	
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Object of the contents of the cont							
houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)	20.	sold, moved, or transferred?	•				, ,
Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account number Instrument Closed, sold, moved, or transferred Type of account or losted, sold, moved, or transferred Type of account or transferred Closed, sold, moved, or transferred Type of account or transferred Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, or transferred Type of account or losted Closed, sold, moved, sold, moved, or transferred Type of account or losted Closed, sold, moved, sold, and closed Closed, sold, moved, or transferred Type of account or losted, sold, sold, and closed Closed Type of account or losted, sold, sold, and closed Closed Type of account or losted, sold, sold, and closed, sold, moved, sold, sold, and closed		houses, pension funds, cooperatives, assoc				; shares in banks, credit	unions, brokerage
Name of Financial Institution and Address (Number, Street, City, State and ZIP Last 4 digits of account number Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date account was closed, sold, moved, or transferred Type of account or instrument Date of transferred Type of account Date account was closed, sold, moved, or transferred Type of account or transferred Type of transferred Type of account Date of transferred Type of account or transferred Type of account Date of transferred Type of transferred Type of account Date of transferred Type of account Date of transferred Type of transferre		■ No					
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred transferred closed, sold, moved, or transferred closed, sold, moved, streed, city, state and zip code) closed, closed, sold, moved, streed, city, state and zip code) closed,		Yes. Fill in the details.					
acash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Ves. Fill in the details. Part 9: Identify Property You Hold or Control for Someone Else 20. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code)		Address (Number, Street, City, State and ZIP	_	•	nt or	closed, sold, moved, or	Last balance before closing or transfer
□ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ■ No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Describe the property Value Code)	21.		year before you filed for	bankruptcy, any	y safe dep	osit box or other deposi	tory for securities,
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Validation of the property of the p							
No					Describe t	he contents	•
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☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ☐ No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Validation of the contents	22.	Have you stored property in a storage unit of	or place other than your	home within 1 y	ear before	e you filed for bankrupto	y?
Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Validation of the contents Do you still have it? Do you still have it? Do you borrowed from, are storing for, or hold in trust for someone.		No					
Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value		☐ Yes. Fill in the details.					
Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Valuation of the property of the pro			to it?		Describe t	he contents	· ·
Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No □ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value Va				,			
for someone. ■ No □ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code)	Par	t 9: Identify Property You Hold or Control	for Someone Else				
☐ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Code) Under the property Valuation of	23.		meone else owns? Inclu	ude any property	y you borre	owed from, are storing f	or, or hold in trust
Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code)		_					
			(Number, Street, City, S		Describe t	he property	Value
	Par	t 10: Give Details About Environmental Info	,				
For the purpose of Part 10, the following definitions apply:							

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy
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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Joshua Aesop Vuylsteke
Debtor 2 Aubrey Ann Marie Vuylsteke

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all r	notices, releases, and proceedings th	at you know about, regardless of when	the	y occurred.				
24.	Has ar	ny governmental unit notified you tha	t you may be liable or potentially liable	und	er or in violation of an environm	ental law?			
	■ N	o es. Fill in the details.							
	Name	e of site SSS (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice			
25.	Have y	ou notified any governmental unit of	,						
	■ N	o es. Fill in the details.							
		e of site SSS (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice			
26.	Have y	ou been a party in any judicial or adu	ministrative proceeding under any envi	ronn	nental law? Include settlements	and orders.			
	■ N	0							
	□ Y	es. Fill in the details.							
	Case Case	Title Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ure of the case	Status of the case			
Pa	rt 11:	Give Details About Your Business or	Connections to Any Business						
27.	Within	4 years before you filed for bankrup	tcy, did you own a business or have an	y of	the following connections to any	y business?			
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
		☐ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ N	No. None of the above applies. Go to Part 12.							
		••	I in the details below for each business	.					
			Describe the nature of the business	-	Employer Identification number Do not include Social Security number or ITIN.				
	(Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Dates business existed				
28.		2 years before you filed for bankrup tions, creditors, or other parties.	tcy, did you give a financial statement t	to an	yone about your business? Incl	ude all financial			
	■ N	o es. Fill in the details below.							
	Name		Date Issued						

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

(Number, Street, City, State and ZIP Code)

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Pg 43 of 54 Joshua Aesop Vuylsteke Debtor 1 Debtor 2 Aubrey Ann Marie Vuylsteke Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joshua Aesop Vuylsteke /s/ Aubrey Ann Marie Vuylsteke Aubrey Ann Marie Vuylsteke Joshua Aesop Vuylsteke Signature of Debtor 1 Signature of Debtor 2 Date December 12, 2018 Date December 12, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:			
Debtor 1	Joshua Aesop Vuylsteke		
Debtor 2 (Spouse, if filing)	Aubrey Ann Marie Vuylsteke		
United States Bankruptcy Court for the: Eastern District of Missouri			
Case number (if known)			

Check	Check as directed in lines 17 and 21:			
According to the calculations required by this Statement:				
-	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).			
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).			
	3. The commitment period is 3 years.			
	4. The commitment period is 5 years.			
☐ Check if this is an amended filing				

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

		Column A Debtor 1	 nn B or 2 or iling spouse
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	e, and commissions (before all	\$	\$ 4,315.95
Alimony and maintenance payments. Do not inclu Column B is filled in.	de payments from a spouse if	\$	\$ 300.00
Ill amounts from any source which are regularly fyou or your dependents, including child support an unmarried partner, members of your househind roommates. Do not include payments from a spool listed on line 3. It income from operating a business, profession, or farm	ort. Include regular contributions old, your dependents, parents,	\$	\$ 0.00
·	3,011.75		
linary and necessary operating expenses	1,912.00		
et monthly income from a business, ofession, or farm	1,099.75 Copy	\$ 1,099.75	\$ 0.00
Net income from rental and other real property	Debtor 1		
oss receipts (before all deductions)	\$0.00		
rdinary and necessary operating expenses	-\$0.00		
Net monthly income from rental or other real propert	/ \$ 0.00 Copy here ->	\$ 0.00	\$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 1.099.75 + 4.615.95 5,715.70 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 5,715.70 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 5,715.70 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5.715.70 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). x 12 68,588.40 15b. The result is your current monthly income for the year for this part of the form.

Joshua Aesop Vuylsteke

Aubrey Ann Marie Vuylsteke

Debtor 1

Debtor 2

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Joshua Aesop Vuylsteke Debtor 1 Aubrey Ann Marie Vuylsteke Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. MO 4 16b. Fill in the number of people in your household. 83.609.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 5,715.70 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 5,715.70 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 5,715.70 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 68.588.40 20b. The result is your current monthly income for the year for this part of the form 83,609.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Joshua Aesop Vuylsteke X /s/ Aubrey Ann Marie Vuylsteke Joshua Aesop Vuylsteke **Aubrey Ann Marie Vuylsteke** Signature of Debtor 1 Signature of Debtor 2 Date December 12, 2018 Date December 12, 2018 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-47890 Doc 1 Filed 12/17/18 Entered 12/17/18 12:12:34 Main Document (Form 2030) (12/15) Pg 51 of 54

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Missouri

In re	Joshua Aesop Vuylsteke Aubrey Ann Marie Vuylsteke		Case No.			
	nusrey rum mane ruyletene	Debtor(s)	Chapter	13		
	DISCLOSURE OF O	COMPENSATION OF ATTOR	NEY FOR DI	EBTOR(S)		
С	ompensation paid to me within one year bet	nkr. P. 2016(b), I certify that I am the attorned fore the filing of the petition in bankruptcy, templation of or in connection with the bank	or agreed to be paid	to me, for services rendered or t	.0	
	For legal services, I have agreed to acce	ept	\$	4,000.00		
	Prior to the filing of this statement I have	ve received	\$	224.00		
	Balance Due		\$	3,776.00		
2. Т	The source of the compensation paid to me v	was:				
	■ Debtor □ Other (specify):					
3. Т	The source of compensation to be paid to me	e is:				
	■ Debtor □ Other (specify):					
4. I	I have not agreed to share the above-disc	closed compensation with any other person u	inless they are mem	bers and associates of my law fir	rm.	
I		ed compensation with a person or persons we list of the names of the people sharing in the			ı	
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
b c	 Preparation and filing of any petition, sch Representation of the debtor at the meetin [Other provisions as needed] Negotiations with secured cre 	n, and rendering advice to the debtor in detendules, statement of affairs and plan which ng of creditors and confirmation hearing, and editors to reduce to market value; exercise(1)(2)(A) for avoidance of liens on hearing advices to the debtor in detendence of liens on hearing advices to the debtor in detendence of liens and plan which in detendence of liens and confirmation hearing.	may be required; d any adjourned hea mption planning	rings thereof;	nd	
5. E	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any appeal or adversary proceeding.					
	certify that the foregoing is a complete state ankruptcy proceeding.	CERTIFICATION ement of any agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in		
De	ecember 12, 2018	/s/ Dominic M. Por	ntello			
Do	ate	Dominic M. Ponte Signature of Attorney Pontello Law, LLC 406 Boones Lick F Saint Charles, MO 636-541-7673 Fax dominic@pontello Name of law firm	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			

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United States Bankruptcy Court Eastern District of Missouri

In re	Joshua Aesop Vuylsteke Aubrey Ann Marie Vuylsteke		Case No.			
		Debtor(s)	Chapter	13		
	VERIFICAT	TION OF CREDITOR	MATRIX			
contai compl	The above named debtor(s) hereby cerning the names and addresses of my create.	• •				
		/s/ Joshua Aesop V				
		Joshua Aesop Vuyl	steke			
		Debtor				
		/s/ Aubrey Ann Mar	ie Vuylsteke			
		Aubrey Ann Marie Vuylsteke				
		Joint Debtor				
		Dotad: December	er 12, 2018			
		Dated: December	51 14, 4U10			

Dated:

Account Resolution Corp Attn: Bankruptcy Po Box 3860 Chesterfield, MO 63006

American Eagle Credit Union P.O. Box 672051 Dallas, TX 75267-2021

Anheuser-Busch Employees Credit Union Attn: Bankruptcy 1001 Lynch St St Louis, MO 63118

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Commerce Bank
P.O. Box 801042
Kansas City, MO 64180

Commerce Bank Kansas Attn: Bankruptcy Po Box 419248 Kcrec-10 Kansas City, MO 64141

Home Point Financial Corp Attn: Correspondence 11511 Luna Rd, Ste 200 Farners Branch, TX 75234

I C System Inc Attn: Bankruptcy Po Box 64378 St Paul, MN 55164

IRS P.O. Box 7346 Philadelphia, PA 19101-7346

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201 Missouri Child Support Attn: Bankruptcy Po Box 6790 Jefferson City, MO 65102

Missouri Department of Revenue Bankruptcy Unit P.O. Box 475 301 W. High Street Jefferson City, MO 65105-0475

Paypal P.O. Box 71202 Charlotte, NC 28272-1202

Revolution Physical Therapy 15 Apex Dr. Highland, IL 62249

SSM Health Care Patient Business Services PO Box 505168 Saint Louis, MO 63150-5168

St. Anthony's Medical Center PO Box 66766 Saint Louis, MO 63166

St. Luke's Hospital PO Box 500223 Saint Louis, MO 63150-0223

Synchrony Bank/Lowes Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Transworld Systems Inc. 2135 E Primrose Suite Q Springfield, MO 65804

US Deptartment of Education/Great Lakes Attn: Bankruptcy Po Box 7860 Madison, WI 53707

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040